

CHAPTER 792
FEDERAL EMPLOYEES'
HEALTH AND COUNSELING PROGRAMS

SUBCHAPTER 2
DRUG-FREE WORKPLACE PROGRAM

APPENDIX B

REQUEST FOR SAFE HARBOR

From: _____(Name of Requester)

To: _____(Activity Head)

Via: (1) _____(Immediate Supervisor)
(2) Drug Program Coordinator, Human Resources Office, Norfolk

Subj: REQUEST FOR SAFE HARBOR

1. I voluntarily identify myself as an illegal user of drugs and I request safe harbor under the provisions of the Department of the Navy Drug-Free Workplace Program. I understand this means I will not be subject to disciplinary actions during my rehabilitation period but that if I occupy a sensitive position, I will not be permitted to continue performing those duties. I further understand this could cause loss of security clearance and possible removal from employment. I voluntarily agree to the following conditions:

- a. To obtain counseling and rehabilitation through the Civilian Employee Assistance Program (CEAP).
- b. To be tested by the activity/command as part of and as a follow-up to counseling and rehabilitation.
- c. To the release to appropriate management and CEAP officials of all counseling and rehabilitation records related to my illegal use of drugs.
- d. To refrain from any subsequent illegal use of drugs.

(Signature)

(Date)

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